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SUMMARY OF CHANGES TO C.R.S § 10-16-104 AND CORRESPONDING INCREASES IN HEALTH INSURANCE COSTS FOR COLORADO EMPLOYERS, 1998-2009

YEAR	INCREASE (FOLLOWING YEAR) IN INSURANCE COSTS ¹	NEW SPECIFIC MANDATES?
2008	10.2% - 11.7% (range of private industry estimates for 2009 increase)	Add benefits for early detection of colorectal cancer and adenomatous polyps; (ii) licensed addiction counselors must be reimbursed; and (iii) hearing aids for minor children.
2007	6.3% increase for 2008	Add (i) early childhood intervention services (per Part C of federal Individuals With Disabilities Education Act); (ii) add cervical cancer vaccinations; (iii) confirm coverage obligations for qualified mental illnesses; and (iv) cannot deny coverage based on military status.
2006	6.1% increase for 2007	None.
2005	6.1% increase for 2006	None.
2004	6.1% increase for 2005	None.
2003	9.0% increase for 2004 (5.5% for small groups)	<i>Reduced obligations of small employers</i> by removing obligation to cover (i) low-dose mammography; (ii) mental illness; (iii) alcoholism; (iv) hospice care; (v) prostate cancer screening; and (vi) hospitalization and general anesthesia for dental procedures for children.
2002	10.2% increase for 2003	None.
2001	11.5% increase for 2002	Add benefits for inherited enzymatic disorders caused by single gene defects.
2000	10.0% increase for 2001	Add benefits for prosthetic devices.
1999	6.0% increase for 2000	Add medically necessary physical, occupational, and speech therapy for care and treatment of congenital defects and birth abnormalities for children up to five years.
1998	5.3% increase for 1999	Add (i) maternity coverage and related hospital stays; (ii) anesthesia for dental procedures for children; (iii) general diabetes coverage; and (iv) expand approved mental health providers.

¹ Except where noted, figures are the aggregate figures for all sizes of employers in Colorado. These figures are the raw increase in overall employer health insurance costs for that year, without accounting for any plan changes such as shifting more costs onto employees via higher deductibles or higher premiums. Sources: Colorado Division of Insurance; AHIP Center for Policy and Research; Mountain States Employers Council; Colorado Springs Business Journal; and Mercer National Survey of Employer-Sponsored Healthcare Plans.